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**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
Substitute for Form PTO-1360
(For use with Form PTO/SB/06)

Application Number

16/259901

Filing Date

1/16/04

Applicant(s)

* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
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Total Indep	6					
Total Depend	0					
Total Claims	6					

	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
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